

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/593870
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		10				
5	1					
6	1					
7	1					
8	1					
9	1					
10			1			
11			1			
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18			1			
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TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	4	←	16	←		←
TOTAL CLAIMS	10		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						